

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	XOT		4-1-00
O.I.P.E. CLASSIFIER		10	4-7-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	59573		5-27-00
			9-7-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	1-02-00
2	1-02-00
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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